

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1						1			
2		1									
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49											
50											
TOTAL IND.							2				
TOTAL DEP.							50				
TOTAL CLAIMS											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS